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ABSTRACT

The current approach to dealing with childhood lead poisoning has led to repeated diagnoses of poisoning because such children are treated and then returned to their hazardous environments. This handbook describes in detail the program requirements for effective childhood lead poisoning prevention programs at the local level based on the coordination of program elements and priority setting. The handbook is the second of a 3-volume set intended to provide a framework to catalyze action to develop effective childhood lead poisoning prevention programs. Chapter 1 of the handbook summarizes the necessity for developing lead poisoning prevention programs at the state and local areas. Chapter 2 presents the overall framework in which a prevention program should operate. Chapter 3 highlights the initial steps that programs can take to move toward prevention. Chapters 4 through 8 elaborate on the basic elements of a prevention program: (1) constituency building; (2) permanent planning; (3) comprehensive legislation; (4) program elements; and (5) capacity building. (KB)

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CHILDHOOD LEAD POISONING:

DEVELOPING PREVENTION PROGRAMS AND MOBILIZING RESOURCES

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DEVELOPING PREVENTION PROGRAMS AND MOBILIZING RESOURCES

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Finally, we note for the record that the Alliance is solely responsible for the contents of this Handbook.

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HOW TO USE THIS HANDBOOK

This Handbook complements two other booklets prepared by the Alliance To End Childhood Lead Poisoning. The three documents together are intended to provide a framework to catalyze action to develop effective childhood lead poisoning prevention programs.

- **Childhood Lead Poisoning: Blueprint for Prevention** -- This Handbook is designed to convince state and local decision-makers to develop, fund, and sustain childhood lead poisoning prevention programs. It sets forth the compelling arguments why it is in everyone's interest to move to preventive programs. In addition, this volume outlines the elements of such a program and contains a short bibliography.

- **Childhood Lead Poisoning: Developing Prevention Programs and Mobilizing Resources** -- This volume describes in more detail the program requirements outlined in ***Blueprint for Prevention***. It serves as a guide for developing and implementing prevention programs at the local level based on the coordination of program elements and priority setting.

- **Childhood Lead Poisoning: Resources for Prevention** -- This volume provides examples of specific materials used in ongoing childhood lead poisoning prevention programs. Evaluations by the people who actually use them accompany some of the materials. Educational pamphlets, abatement procedures, and data collection and analysis forms are among the included materials.

HOW TO OBTAIN ADDITIONAL COPIES

Additional copies of this Handbook may be obtained from the Alliance:

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Washington, D.C. 20002

SPECIAL INTRODUCTION TO DEVELOPING PREVENTION PROGRAMS AND MOBILIZING RESOURCES

A. Purpose and Audience

The purpose of Childhood Lead Poisoning: Developing Prevention Programs and Mobilizing Resources is to provide a coherent framework for integrating the elements of lead poisoning prevention into a comprehensive program and to outline the steps necessary to implement it.

The primary audience for this volume is program managers and staff who have responsibilities for developing and improving prevention programs at the state and local levels. The secondary audience includes those in the advocacy, professional, and business communities who have an interest or a stake in effective prevention programs. The hope is that advocacy efforts for childhood lead poisoning prevention -- including those of state and local programs themselves -- will move beyond raising awareness to urging the adoption of a comprehensive and coordinated prevention program as outlined in this Handbook.

B. Organization

The organization of this Handbook generally mirrors the development of prevention programs. The first chapter summarizes the present opportunity -- and indeed the necessity -- for developing lead poisoning prevention programs at the state and local levels. The second chapter presents the overall framework in which a prevention program should operate. Chapter 3 highlights the initial steps that programs can take to begin to move to prevention. The next chapters elaborate the basic elements of a prevention program: 1) constituency building; 2) planning; 3) comprehensive legislation; 4) the elements of program implementation; and 5) capacity building.

CHAPTER 1 CURRENT LANDSCAPE

As a result of the greatly heightened awareness of childhood lead poisoning and recent initiatives, there is a growing commitment to approaches that emphasize preventive control and elimination of sources of lead in children's environments instead of belated reaction to identified cases of lead poisoning. Likewise, most people seriously concerned about childhood lead poisoning are generally aware of the elements of prevention programs. The challenge at hand is how to make those elements work together to achieve effective prevention.

This Handbook recognizes that state and local lead poisoning prevention programs typically are given an inadequate staff complement and an insufficient budget. This Handbook proposes an activist approach on the part of programs, one that emphasizes coordinated and efficient use of existing resources and building a constituency to support program funding and operation.

Although support for prevention is growing steadily, pockets of unawareness remain among all populations, particularly those not easily reached by conventional approaches. This Handbook recommends an approach to prevention that looks backward and forward concurrently: continued emphasis on raising public awareness; coordinating historic agency missions with new prevention opportunities; the inclusion of new agencies and players into an over-all effort; and continued planning and evaluation to improve effectiveness.

A. The Opportunity is at Hand To Take the Steps Necessary to Eliminate Childhood Lead Poisoning Once and For All

The core premise of this Handbook is that preventing childhood lead poisoning -- still the foremost environmental health threat to America's children -- requires the control of the sources of lead exposure before children are poisoned. Consistent with this premise, the challenge is to catalyze and support the shift from programs based exclusively on the medical case management model (reaction to and tracking of already poisoned children) to those based on primary prevention (control and elimination of sources).

Accomplishing the shift to prevention requires a three-pronged process of raising awareness, developing a framework and plans for prevention, and actually implementing prevention programs. Over the last several years, great progress has been made in the first two areas. Recent events that illustrate the evolving national consensus toward preventive efforts and the growing pressures on and opportunities for state and local programs to develop prevention programs include:

- State and local lead poisoning programs have been steadily moving to preventive approaches, and many more state and localities are enacting lead poisoning prevention legislation;

Current Landscape

- Many state and local programs have received lead poisoning prevention grants from the Centers for Disease Control. Approximately 50 states, cities, and counties have been selected to receive lead abatement grants from the Department of Housing and Urban Development;

- At the federal level, HUD, CDC, the Occupational Safety and Health Administration, and the Environmental Protection Agency have been and are continuing to develop new regulations, standards, and guidelines to implement the federal Residential Lead-Based Paint Hazard Reduction Act (Title X) and to define all aspects of evaluating and controlling lead hazards in housing;

- The result of this increase in preventive approaches is that a common experience is starting to develop. Beginning prevention programs do not have to reinvent the wheel, but can draw on this previous experience (both positive and negative) in developing prevention programs. Actions at the federal level offer a resource to local programs, not only because of direct grants, but also because their efforts will result in addressing such issues as hazard control and liability issues and create standards that are adaptable by state and local programs;

- CDC's most recent report on blood lead levels in the U.S. -- based on data from its comprehensive national health survey (NHANES III) -- provides a basis for optimism. NHANES III demonstrates that prevention works -- there has been a significant decrease in average blood lead levels owing primarily to control of sources such as leaded gasoline and food cans;

- At the same time, NHANES III confirms the continuing need for prevention programs because nearly two million children -- almost one out of every ten preschoolers in the U.S. -- are still lead poisoned;

- Health care reform efforts underway at the state and federal levels -- whatever their immediate short term prospects -- have potentially positive long-term ramifications for lead poisoning prevention programs nationwide; and

- The fact that state and local programs are being held liable for cases of childhood lead poisoning and that some of them have even been ordered to move to prevention under the supervision of courts creates a negative incentive to develop prevention programs in order to avoid legal action against government agencies themselves.

Pressures on private property owners to address lead hazards reinforce the need for development of prevention programs that include hazard control standards and other legal requirements. Examples of such pressures are:

- Progress on expanding blood lead screening for young children, which results in more tenants identified as lead poisoned;

- The increasing threat of liability for lead poisoned children combined with the difficulties of obtaining liability insurance that covers lead; and

- Federal, state, and local real estate notification and disclosure requirements regarding lead hazards in residential real estate transactions that will serve to further increase awareness of the problem and exert pressure to control lead hazards effectively.

B. Actions Required by Federal Title X Provide an Impetus for Prevention Programs

The Residential Lead-Based Paint Hazard Reduction Act of 1992 (commonly known as Title X) changed the entire federal approach to lead-based paint by providing an enlightened framework that shifted emphasis from reaction to prevention of childhood lead poisoning through housing-based approaches.

Although it bears most directly on housing associated with Federal programs, Title X benefits the movement to prevention at the state and local levels in four main ways. First, it provides a new priority-based framework for addressing lead hazards. Second, although its requirements are not intended to provide the basis for a comprehensive prevention program, Title X provides a "floor" of minimum uniform national standards related to core elements of a housing-based lead hazard control program. Third, Title X imposes several requirements that directly apply to private housing. Fourth, and very importantly for state and local programs, Title X increases federal resources and funding available to states and localities.

Title X's framework for reorienting national efforts to effective prevention includes:

- Emphasis on proactively controlling lead sources, rather than focusing on already poisoned children;

- Focus on lead-based paint and dust in and around the home as the primary source of exposure;

- Identification and control of lead-based paint hazards, rather than the elimination of all lead-based paint;

- The need to manage lead-based paint safely in place through interim controls, as well as through permanent abatement; and

- Developing "infrastructure" and capacity, especially in the private sector, for risk evaluation, hazard control, and monitoring.

Current Landscape

The requirements of Title X that serve as a core of minimum uniform national standards consist of:

- Health-based standards for lead in dust and soil;
- OSHA worker protection regulations;
- Training and/or licensing requirements for lead hazard control personnel;
  - -- Risk assessors
  - -- Inspector technicians
  - -- Abatement contractors and workers
- Identification of structures other than housing in which lead hazards must be addressed, such as:
  - -- Daycare centers
  - -- Public schools
  - -- Public, commercial, and industrial buildings
- Mandating that lead-based paint hazards be addressed in the development of every city and state's Consolidated Plan (formerly Comprehensive Housing Affordability Strategy (CHAS)).

Title X also contains several requirements that apply to (pre-1978) private housing:

- Notice and disclosure of lead hazards in all real estate transactions
- Mandatory distribution of an educational brochure in real estate transactions and prior to remodeling and renovation

Title X also augments CDC's grants to state and local health departments with additional federal grants for prevention programs:

- HUD makes annual grants to help cities and states control lead-based paint hazards in low-income, privately owned housing ($142M in 1994).

- EPA makes grants to help states develop contractor training and certification programs ($13M in 1994).

It is especially important to note that Title X and EPA contemplate that States will play a key role, particularly in training and certifying lead hazard control personnel. *The failure to develop an adequate State program could disqualify the State from federal grants and result in federal preemption of State and local efforts.*

CHAPTER 2 THE BASIS OF PREVENTION: PRINCIPLES OF PROGRAM OPERATION

A. Responding to the Problem: Basic Framework for a Prevention Program

The following three key principles respond to the nature and sources of childhood lead poisoning and provide a framework for the development of a comprehensive prevention program.

- Coordination
- Priority-setting
- Engaging all resources

Coordination -- Childhood lead poisoning is a problem that crosses disciplinary lines: it is a health problem and a housing problem and an environmental problem. In the past, prevention programs have been hampered by buck-passing among different specialties and programs: housing advocates viewed childhood lead poisoning as an environmental problem, those concerned with environmental protection viewed it as a health problem, and so forth.

- Prevention programs must take an interdisciplinary approach that avoids piecemeal efforts and requires crossing program boundaries in such fields as: health, housing, environmental protection, energy conservation, jobs training, occupational health and safety, economic development, and historic preservation.

- Coordination within agencies and among agencies concerned with lead poisoning is essential at all levels, from field inspections to planning.

  -- Coordination should be institutionalized in the form of an Interagency Task Force with regular meetings.

  -- In addition, it is important to enlist all players in the advocacy community and in the private sector concerned with lead poisoning through the formation of an advisory committee consisting of representatives from a wide spectrum of interests.

Priority setting -- A vast reservoir of lead already exists in U.S. housing stock and the environment. An across-the-board requirement of immediate and complete deleading or immediate control of all sources is thus unachievable and even counterproductive.

- The program should focus on controlling lead-based paint and dust hazards, which are overwhelmingly responsible for childhood lead poisoning in the U.S.

- The program should also address other sources particular to the community based on risk assessment results and available data, such as hazardous waste site records.

- The program should elaborate Title X's priority-based framework for achieving lead hazard control based on:

  -- evaluation of lead-based paint hazards (risk assessment and inspection);

  -- opportunity points for implementing controls in housing (e. g., unit turnover and vacancy); and

  -- phased requirements for interim control (dust control, maintenance, and other procedures dealing with lead in place), abatement (removal of lead from surfaces posing a hazard), and complete removal (removal of lead from all painted surfaces).

- A priority-based program should include targeting low-income and distressed housing for special subsidies and programs for maintenance and rehabilitation that incorporate lead hazard control.

Engaging all resources -- If public programs and resources alone are left to control lead hazards, the magnitude of the task would prove overwhelming and prevention would not be achieved. Conversely, the fact that the existence of lead hazards is often directly related to such problems as lack of housing stock maintenance provides the opportunity for maximizing prevention resources by incorporating lead hazard control into other public and private programs. The program thus should rely both on the private sector and community-based approaches wherever possible.

- The program should encourage and require the participation of the private sector and enlist market forces in the effort to prevent childhood lead poisoning.

  -- To take an example of private sector involvement, a good deal of blood lead screening will be performed by private health care providers and reimbursed by public (Medicaid) and managed care (e. g., HMOs) health programs.

  -- Most importantly, private risk assessors and inspectors licensed under the program will identify lead-based paint hazards and control options; private contractors licensed under the program will perform the control work. The quality of the licensees will be controlled not only by public oversight but by the insurance coverage requirements of the program and consumer demand.

- Enlisting community groups and organizations in lead poisoning prevention efforts also serves effectively to increase resources.

  -- Outreach workers from the community are often more effective in contacting especially hard-to-reach households.

  -- Community-based organizations can also be actively involved in the lead hazard control program through a training and jobs program that would include lead hazard control as one of its elements.

B. The Four Critical Elements of Prevention Programs: Translation of the Basic Framework for Prevention Into Program Operation.

The following four critical elements provide the basis for translating the basic framework for prevention into the operation of an effective program.

- Constituency Building (Program as Advocate)
- Program Planning (Permanent Planning)
- Program Implementation (Comprehensive Legislation and Program Elements)
- Capacity Building (Resources)

Constituency building is essential to developing lead programs. In a time of often strained public resources, it is especially important to build and maintain an active constituency who will support prevention efforts.

- Constituency building is a two-way process, involving both talking to people about lead poisoning and prevention and listening (and responding) to people's concerns and needs. To build a constituency for prevention, work with natural allies, such as parents and community groups, and then develop a full-fledged program to engage all parties at interest:

  -- property owners;

  -- real estate professionals;

  -- abatement contractors;

  -- banks, mortgage companies and other financing institutions; and

  -- health care providers.

- Education and outreach using community-based approaches, and even media advocacy by program staff, are integral parts of constituency building.

- Beyond its health care provision role, blood lead screening is an important component of the continuing effort to raise public awareness that is also critical to building a constituency for prevention.

Program Planning is critical to developing effective prevention programs that effectively meet local needs and circumstances. Planning means defining the nature of the lead problem and lead sources in particular communities, identifying community resources (in the fullest sense) that can be brought to bear, and continuing evaluation of program operation to ensure maximum responsiveness and effectiveness.

- Planning should involve all affected public agencies and private sector interests and include the ongoing participation of both an interagency task force and outside advisory committee.

- Planning should be a permanent process.

  -- The program should be developed based not only on an initial planning effort, but one that is subject to continued monitoring and evaluation.

  -- The on-going planning process includes monitoring the effectiveness of lead hazard control measures through clearance testing and post-hazard control monitoring, as well as continuing program evaluation.

- Planning should be structured to support efficient allocation of resources on a "worst first" basis.

Program implementation is always an important issue because experience has shown that implementation in any endeavor can never be taken for granted. Too often programs that appear "state of the art" on paper are never fully implemented.

- Implementation is particularly important in lead poisoning prevention programs because of the interdisciplinary nature of the solutions and the need to base preventive solutions on systematic priorities.

- Comprehensive legislation is a prerequisite for sustaining a successful prevention program in the long run.

-- Such legislation should authorize and mandate all of the specific elements of a comprehensive program.

- A prevention program's success or failure depends upon the implementation of practicable lead hazard control measures, the core of the program.

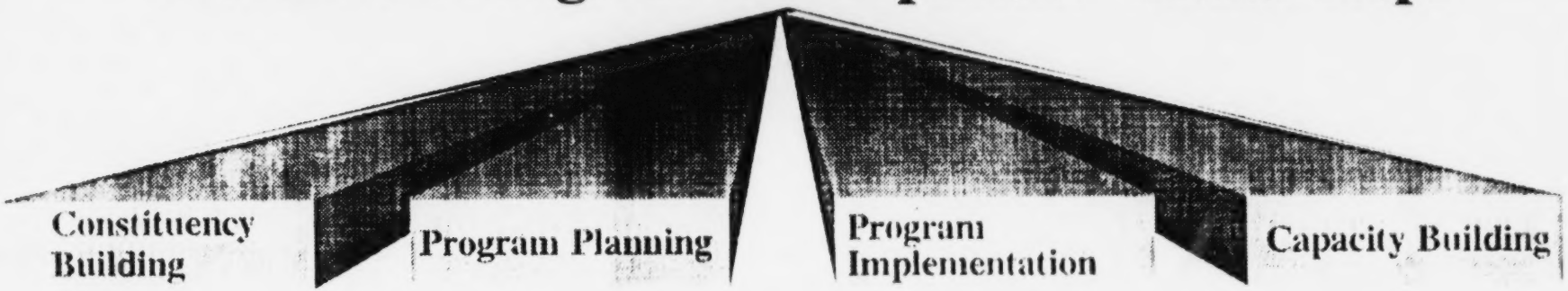
Capacity building is another critical aspect of solving childhood lead poisoning. Even under the most optimistic scenario, publicly-funded programs by themselves will not be able to solve a problem of the proportions of childhood lead poisoning.

- Even where a critical mass of public concern and political will exists, lack of capacity for implementing lead hazard control and other program elements -- such as a shortage of certified risk assessors and abatement contractors -- will frustrate prevention efforts.

- Efficient and coordinated program operation is a way to take advantage of existing public sector resources and, in effect, to build capacity. For example, lead hazard inspections can be integrated into ongoing inspections of other programs (e.g., code enforcement programs) to expand public sector inspection capabilities.

- Market demand will drive the capacity of the private sector. For example, certified private inspectors and risk assessors will emerge in response to real estate notification and disclosure requirements.

Prevention Program Development: Initial Steps



Constituency Building	Program Planning	Program Implementation	Capacity Building
Raise community awareness	Form coordinating councils	Prepare prevention legislation	Apply for HUD and CDC grants
Institute "one stop shopping"	Conduct needs assessment	Institute pilot programs	Require certification and training of contractors and risk assessors
Establish a community-based outreach program	Integrate lead into consolidated plan	Start a housing registry	Integrate prevention into other programs

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CHAPTER 3 PREVENTION PROGRAM DEVELOPMENT: INITIAL STEPS

The next chapters discuss the four elements of a prevention program and specific program requirements. When read together at one time, the tasks involved in developing a comprehensive program may appear daunting. The purpose of this chapter is to show that building such a program is within the reach of every state and locality. First, programs do not have to "reinvent the wheel" to move to prevention -- a great deal of helpful experience and resources are already available. Second, even modest initial steps -- if they are oriented toward prevention through source control -- can form a solid foundation for an eventually comprehensive prevention program.

The following checklist of initial steps toward prevention is grouped under the four critical elements discussed in the previous chapter. These initial steps are discussed in more detail in the following Chapters.

A. Programs Do Not Have to "Reinvent the Wheel"

Reflecting the fact that the childhood lead poisoning problem is national in scope and that only a few areas are spared its effects, there is a growing body of national experience available. As a result, local programs can take advantage of this experience and accompanying documents, materials, and other resources.

- State and local programs are struggling with many of the same issues involved in the move to prevention. At this point, there is a substantial amount of experience -- both successes and mistakes -- to share.
  - -- There are an increasing number of regional and national conferences focused on lead poisoning prevention. Many of these conferences have some type of proceedings available in the event that attendance is not possible. The final report from the Alliance's Second National Conference -- Building A Lead-Safe Future -- is one such example.
  - -- The National Center for Lead-Safe Housing has established a liaison effort with state and local programs.
  - -- The Alliance To End Childhood Lead Poisoning is collaborating with advocacy groups throughout the country to encourage the development of local prevention programs.
- Title X requires federal agencies to set standards in key areas -- particularly in training and certification of risk assessors/inspectors and abatement contractors and in health-based national standards for lead in dust and soil.

- Materials directed toward the development of state and local prevention programs have now become available.

  -- *The Lead Poisoning Prevention Act* is a model state law for establishing a comprehensive prevention program drafted by the Alliance and the Conservation Law Foundation.

  -- *Technical Assistance Bulletin I: Lead Based Paint Hazards and the Comprehensive Housing Affordability Strategy (CHAS)* has been developed by the National Center for Lead-Safe Housing specifically to help state and local governments integrate lead strategies into their planning. (Although HUD is in the process of changing from the CHAS to the Consolidated Plan, the information and recommendations in this bulletin are still sound.)

  -- This Handbook is part of a three volume series prepared by the Alliance to help state and local programs move toward prevention. The first volume -- *Blueprint for Prevention* -- is designed to lay out the basic reasons why a prevention program is needed and to outline the elements of such a program. Volume III -- *Resources for Prevention* -- contains a collection of the wide spectrum of materials actually used in the operation of prevention programs, accompanied in some instances by a critique of those materials by the people who use them.

B. Initial Steps to Start-Up Prevention Programs

- **Constituency Building**

(1) Raise community awareness. The program should use needs assessment data and media advocacy to raise community awareness of both the nature of the lead problem and solutions to it.

(2) Institute "one stop shopping". The program should establish a centralized service function to provide information about all aspects of the lead program and also make appropriate references to social service agencies and housing finance programs as needed.

(3) Establish a community-based outreach program. Train and hire people from the community for all aspects of the prevention program to take advantage of local knowledge and build a grassroots constituency for the program.

Prevention Program Development: Initial Steps

- **Program Planning**

(1) Form coordinating councils. Form an Interagency Task Force of State and local agencies to coordinate agency efforts. Form an advisory committee of interested parties by organizing and convening a committee composed of government agency representatives, advocates, professionals (law, media, building, real estate, financing), and community representatives to participate in the development of the prevention program.

(2) Conduct needs assessment. Collect usable information on childhood lead poisoning rates and concentrations by sampling neighborhoods and reviewing records (screening; census; housing stock; age and condition; occupational health and safety) to determine frequency, severity, and geographic concentrations of childhood lead poisoning.

(3) Integrate lead into the Consolidated Plan (formerly CHAS). Integrate lead-based paint hazard assessment and control strategies into the local Consolidated Plan (formerly the Comprehensive Housing Affordability Strategy (CHAS)).

- **Program Implementation**

(1) Prepare prevention legislation. Prepare comprehensive legislation and strengthen local codes, especially housing codes, to address lead-based paint hazards.

(2) Institute pilot programs. Design and implement a series of institutional and neighborhood-based programs taking advantage of national experience and local circumstances. The programs would include education, health, home maintenance, and training. These pilots would be carefully evaluated and adapted as necessary by the program for future applications.

(3) Start a housing registry. Start a public registry of lead-safe housing in the community. Match registered housing with households containing young children.

- **Capacity Building**

(1) Apply for HUD and CDC grants. Preparing applications for grant funding provides an excellent opportunity to jump into the process and begin coordination and prevention program definition and coordination efforts.

(2) Require certification and training of contractors and risk assessors. Get contractor certification and training systems in place in time for the demand that will be created

when national real estate notification and disclosure requirements become effective (in October, 1995.)

(3) Integrate prevention into other programs. Integrate lead hazard evaluation and control activities into other programs -- for example, weatherization, building permits, jobs training, housing subsidy programs, and housing counseling.

CHAPTER 4 PREVENTION PROGRAM DEVELOPMENT: CONSTITUENCY BUILDING

A. Program Staff as Advocates

Although faced with budget and other pressures and constraints, an agency can in its ordinary operation affirmatively build a constituency for the development and continued support of a prevention program. Use of a multi-interested advisory committee, as recommend in this Handbook, can serve to engage a wide range of players in ongoing prevention efforts. Using private sector capacity for lead hazard control -- such as licensed risk assessors and abatement contractors -- is a very effective way to create program support because it creates a financial self-interest on the part of a range of profit-making entities in the continuation of the prevention program.

Nevertheless, program staff themselves can, should, and must play an active role in simultaneously achieving effective prevention and building continued support for the program through education, community outreach, and media advocacy.

B. Arguments For a Prevention Program

Although program staff are undoubtedly familiar with them, the program should prepare and circulate a summary of the arguments for prevention. This document would serve as a "crib" for the program staff and to answer questions from the media.

- The Epidemic of Childhood Lead Poisoning Must Be Eradicated
  - -- Lead poisoning is the leading preventable disease of U.S. children. Both EPA and HHS have declared lead poisoning the No. 1 environmental disease of U.S. children, affecting almost 10% of all U.S. preschoolers. [Insert local data, if available.]
  - -- Even at low levels, lead poisoning causes loss of IQ and attention span, hyperactivity, aggressive behavior, reading disabilities, and other learning and behavioral problems.
  - -- Children under age 6 are most vulnerable to lead poisoning.
  - -- Unfairness and environmental inequity -- childhood lead poisoning disproportionately affects minorities, disadvantaged, and low income people.
- Prevention is the Only Effective Approach
  - -- There is no effective cure for the great majority of lead-poisoned children.

- -- Most children with lead poisoning present no visible symptoms (diagnosis requires a blood lead test).

- -- Unless sources of lead exposure are controlled and eliminated, children will continue to be poisoned.

- We Can Prevent Childhood Lead Poisoning

  - -- We know the sources of childhood lead poisoning: in the U.S., most children are poisoned by lead-based paint and dust hazards in their homes.

  - -- Lead-based paint and many other lead-containing products are no longer widely used in homes. If we clean up and control these old sources, we will eradicate most childhood lead poisoning.

  - -- We have the tools today to detect and control lead hazards. Use of existing risk assessment and monitoring procedures, and the proper choice of available lead hazard control techniques, can prevent childhood lead poisoning.

- Prevention Brings Multiple Community Benefits

  - -- Containment of soaring health care costs.

  - -- Rehabilitation of housing stock and neighborhoods.

  - -- Creation of jobs in lead abatement and related industries.

  - -- Increase in school readiness and capacity to learn.

  - -- Gain in worker and student productivity.

  - -- Control of environmental contamination.

C. <u>Education/Community Outreach: Principles</u>

- Education/community outreach is a cornerstone of prevention programs and refers to a range of activities aimed at raising public awareness of the problem of childhood lead poisoning and involving the community in the solution.

- The ultimate goal of community education/outreach is to prevent childhood lead poisoning through policy change and the development and implementation of effective programs, as well as through behavior change.

  -- Even though education campaigns can be an important first step in getting vital information to the community, shifting to a prevention effort requires moving beyond simply providing information to the public in the hopes that behavior will change. It requires ongoing reinforcement of information through outreach and the involvement of the community in defining and identifying the problem, as well as in forging solutions that fit community needs.

- Both education and community outreach are critical to constituency building.

  -- Education attempts to raise awareness about the dangers and sources of lead by disseminating information.

  -- Community outreach involves the community in the solution to the problem so that the community becomes a constituency of support for the prevention program, influences public policy formulation, and communicates additional needs and characteristics of the community back to the program.

Education/Community Outreach: The Audience

- Educating all the citizens of the community about lead exposure and ways to avoid lead exposure undergirds public and private outreach efforts.

- At the same time, public resources should be targeted to areas where populations are at high risk of lead poisoning.

  -- Outreach strategies need to locate high risk groups such as preschool children and pregnant women who are in need of services.

- If education/community outreach efforts are to effect lasting policy changes, however, they should not be focused exclusively on parents: education efforts also need to target the community-at-large, as well as policy makers and relevant professionals such as health practitioners and property managers.

Education/Community Outreach: The Message

- The following are the messages that the education\community outreach worker needs to get across to the community, in a rough order that begins with the most basic, and becomes more complex.

1. Myths about Childhood Lead Poisoning. Crafting answers to audiences' misconceptions should be included in the education/outreach effort. Messages to combat common myths include the fact that children are most often poisoned by dust containing lead and that levels of poisoning too low to produce readily identifiable symptoms are still very harmful to children.

2. Dangers of Lead. People should be informed about the dangers of lead because they risk inadvertently poisoning themselves or their children by do-it-yourself renovations or removal of lead-based paint, use of home remedies, careless use of lead while working on hobbies, or by bringing lead home from work with them on their clothes. The message should include short and long term effects of lead on children, health effects of lead exposure on adults, and the need for screening children due to the fact that symptoms of poisoning may not be present or may be difficult to recognize.

3. Sources of lead in the home and the environment. After people are aware of the health risks of lead exposure, showing them where lead is in the home can help people reduce their exposure to lead. The most common source of lead in the home is lead-based paint and dust contaminated by lead-based paint. However, parents also need to be aware that lead can be found in: soil, especially surrounding painted frame houses; water; ceramicware; food cans; hobbies that use lead such as stained glass making; the clothes of workers in occupations using lead; and home remedies and cosmetics used by some cultures.

4. Risk communication and how to prevent lead poisoning. Risk communication should be used to give parents and homeowners information on sources of lead in the environment and steps that can be taken to protect children, ranging from good nutrition and frequent washing of hands, through visual checks to identify deteriorating paint to help in locating only trained contractors to take lead hazard control measures. "Blaming the victim" should be avoided at all times.

5. Explanation of federal, state and local lead laws and regulations. Laws and regulations are critical for defining what actions people should take to identify and control lead hazards and the consequences for failing to do so. Answering questions such as "how clean is clean" in lead hazard control efforts, who should be tested for lead poisoning and at what intervals, who is responsible for what kinds of lead hazard control measures under what circumstances,

and who is liable for failure to take lead hazard control actions, depends upon a solid knowledge of regulatory requirements.

6. Citizens' rights. In order to protect their families, people need to know if they meet any eligibility criteria for housing loans for lead hazard control, have their children and themselves tested for lead, and under what circumstances they are entitled to take legal action for legal violations or neglect or negligence on the part of a contractor or landlord.

7. How agencies work. In order to receive services to which they are entitled, the public should be educated on the kinds of services that the government provides (such as screening and environmental inspection for lead), which agencies provide which services, and how the different agencies work together.

8. Tenants' rights. People need to know when their landlord must abate the property or institute other lead hazard controls. They need to know to whom they can turn if the landlord refuses to abate the property, threatens to evict them, or discriminates against them because they have children.

9. Elements of a school-based curriculum on lead poisoning prevention. The goal is to institutionalize the information about reducing lead in the environment, and provide the necessary training to incorporate prevention activities and lead hazard control into vocational training programs, co-operative education programs, nutrition and child care classes, as well as health classes.

10. Community involvement. Activities the community can become involved in range from taking responsibility for medical follow-up of poisoned children to going through abatement training so that they can provide services in their neighborhoods (thus maintaining capital within the urban areas). The community can also support the program by helping to identify problems, for example, and can influence the policy-making process.

Education/Community Outreach: The Messenger

- Consistent with the coordinated approach needed for effective prevention, all agencies connected with the lead issue have a responsibility for community outreach and should develop and coordinate outreach messages and plans about lead.

- Because most agencies already have activities in neighborhoods, sharing the development of the message and the responsibility for outreach helps to reduce redundancy and avoid mixed messages.

- The person actually conducting education/community outreach efforts in neighborhoods will vary depending on the community and the kind of people who know its cultural framework.

- Trained outreach workers who are also members of the affected community are particularly effective in reaching that community with information about health issues.

- Outreach staff should be assigned to specific neighborhoods in order to help the outreach worker gain the trust of the neighborhood and become familiar with the strengths and problems of the community.

- The staff of a community outreach program should work as a team.

  -- Members of the team should include educators with expertise in housing, health, grassroots organizing, compiling educational materials, and providing technical assistance and training to local communities.

  -- Outreach staff should also coordinate with other existing outreach programs, such as agricultural and home economics extension programs, and visiting nurse services, to incorporate lead poisoning prevention messages.

- Ideally, outreach workers should be cross-trained to work with the whole person and household and to help coordinate messages, to increase referrals to the proper agencies and people, and to reduce the costs of outreach.

  -- For example, an outreach worker who goes to a home to talk about prenatal care should also look out for chipping and deteriorating paint.

  -- Conversely, the worker should not only be able to warn the person about the dangers of lead-based paint, but also elicit from the person other concerns they are facing and make necessary referrals to social service agencies.

D. Media Advocacy

It is important that program staff understand how the media works and utilize it to support efforts aimed at constituency-building. Effective use of the media requires a basic understanding of the imperatives of reporters and the way the media uses their role. The following points are particularly applicable to public health and environmental programs that attempt to deal with the media.

- Time constraints (deadlines)

- Pressure to produce entertaining copy (tendency to dwell on individual victims rather that root causes and needed policy changes)
- The "two ideas" imperative (the "fairness doctrine," or every issue has two sides)
- Bad news is compelling (conversely, good news is boring)
- Absence of communication network to inform reporters about current developments in environmental health and related subjects
- Inability of generalist reporters to evaluate technical issues and research reports
- Need for visuals (especially for television, but also photographs for newspapers)

Equipment and Facilities: Media/Modes of Education and Outreach

Despite these barriers to effective use of the media, both education and community outreach efforts require media to disseminate the message. The effectiveness of various types of media differ depending on the community you are trying to reach, the message you want to convey, and the audience you want to reach (e. g., homeowners or city council members).. Characteristics that influence the effectiveness of a certain type of media include educational level, ethnicity, beliefs, and cultural practices of the audience.

The following are types of materials that might be developed and used in an education/community outreach campaign.

- Brochures/flyers: Flyers should be tailored to the audience. Many people are more attracted to visual or graphic images than to flyers containing mostly text. Reading level and the language of the audience is an important factor to consider when designing or choosing brochures and flyers.
- Posters: An attractive and well designed poster can be a useful tool to excite community interest, announce a new service, or describe a problem. Poster contests also draw attention to the issue. Place posters in locations the audience you wish to reach frequents. Examples of places parents are likely to see posters are: supermarkets; community bulletin boards; clinics; schools; stores; libraries; doctor's offices; mental health centers; beauty parlors; bars; barber shops; restaurants; churches; hardware stores; town halls; banks; laundromats; health clubs; and bus, subway, and train stations.

- Videos: Videotapes are a way of visually informing or teaching people about issues or new ways of doing things. Videotapes can be effective educational tools in such areas as arousing public interest about the dangers of lead, showing outreach workers how to work with families, or showing families how to appropriately use temporary abatement techniques. Videos are especially useful with low literacy audiences.

- Direct mail: Direct mail is one of the most effective ways to inform audiences such as parents and physicians about lead issues. Even busy people will read their mail if the message is clear and the mailing attracts their attention. To do this a mailing list needs to be developed that targets the appropriate audience. Mailing lists can be derived from census lists, voter lists, organizational membership lists, or the phone book. Possible target audiences include parents, day care centers, and contractors.

  If mailing lists are not available or postage costs are prohibitive, parents can be reached by attaching your mailing to a school or daycare newsletter that is being sent home. A RSVP card requesting services can be attached to help make an appointment.

- Journal articles: Published research and other articles provide information to policy makers and the public, as well as give legitimacy to the issue. A body of research documenting a problem can help move agencies to address the problem.

- White papers: White papers are policy papers that result from bringing together experts in the field to examine a particular issue. A white paper can include a forum meeting, at which notes are taken and then synthesized, and a policy analysis produced. The recommendations that result from such roundtables can help move the issue forward.

- Resource Center: A regional resource center for lead where information about housing, health, and environmental issues is available under one roof helps raise awareness. It is where teachers, housing advocates, health educators, or community outreach workers could visit, experiment with or borrow educational materials. At least one resource center should provide technical assistance and access to a cable television studio where local communities can develop public service announcements, instructional tapes, and presentational materials.

- Neighborhood Newspaper Articles: Such newspapers frequently welcome story ideas and articles about issues affecting the communities they serve, especially if they highlight examples or statistics that reflect local problems.

- Mass Media: Radio and television public service announcements can be prepared. The radio public service announcement can be as simple as a brief written announcement of when a screening program will be visiting a community sent to local radio stations. A much more elaborate and costly video PSA can also be developed.

CHAPTER 5 PROGRAM PLANNING: PERMANENT PLANNING

A. Planning Requirements: The Consolidated Plan (formerly the Comprehensive Housing Affordability Strategy (CHAS))

Title X mandates that lead-based paint hazards be addressed in the development of every city's Consolidated Plan (formerly the Comprehensive Housing Affordability Strategy (CHAS)) as an integral part of assessing housing needs and conditions. HUD requires states and localities to prepare Consolidated Plans that integrate all applications, reports, and plans for block grant housing and community development programs. The Consolidated Plan is important because it is the vehicle through which states and localities analyze their housing problems.

A review of the following CHAS requirements provides a focus for the process-oriented discussion of planning, below. Although HUD is in the process of changing from the CHAS to the Consolidated Plan, the following key pieces of information and analysis are in any event necessary for proper planning:

1. Five-Year Strategy
2. Annual Plan
3. Community Profile
4. Market and Inventory Conditions
5. Populations with Special Needs
6. Identify categories of residents to be assisted
7. Negative Declaration

1. Five-Year Strategy

    - Describe long-term strategies and actions proposed to evaluate and reduce lead-based paint hazards over five years.

2. Annual Plan

    - Delineate specific actions being taken to evaluate and reduce lead-based paint hazards during the coming year.

3. Community Profile

    - Consult with health and child welfare agencies

    - Examine existing data related to lead-based paint hazards and poisonings

4. Market and Inventory Conditions

- Discuss housing market in terms of supply, demand, condition and cost.
- Estimate low- and very low-income occupied housing units with lead-based paint hazards.
- Identify high-risk neighborhoods.
- Estimate the supply and demand for lead-safe housing.

5. Populations with Special Needs.
   - Describe facilities and services for persons with special needs.
   - Estimate the special needs of lead poisoned children for lead-safe housing.

6. Identify categories of residents to be assisted.
   - Specify how lead poisoned children and low-income families with young children will be assisted.

7. Negative Declaration
   - If no lead hazard evaluation or control activities are planned, the agency must clearly say so in the annual plan.

B. The Planning Process: How To Develop Programs Through Planning

Development of effective childhood lead poisoning prevention programs depends on effective planning to ensure that local circumstances, needs, and resources are identified, marshalled, coordinated, and evaluated on a continuing basis. A prevention program should be based on a planning effort that stresses continued monitoring, evaluation and feedback on program operations.

Planning is thus an ongoing process, a cycle of analysis and decision-making, not a one-time event. The planning cycle begins with a needs assessment, which identifies and rank orders issues to be addressed. Priority issues should then be analyzed and strategies for solving them designed and implemented. The last step in the process is also the first of the next cycle of planning: an evaluation of what is working and what needs further action.

Program Planning: Permanent Planning

Planning emphatically should not consist of a series of top-down directives. Quite the opposite, planning is a flexible process that encourages broad-based input and participation in decision-making.

Planning a successful lead poisoning prevention program requires carrying out continuous phases of planning. Each phase of planning involves research, decisions and resource allocation. The six phases of planning are:

1. Forming an Advisory Committee

    A. Building an Effective Advisory Committee

2. Analyzing the Problem

    A. Defining the Problem
    B. Compiling Data
    C. Gathering Opinions About the Problem
    D. Setting Priorities

3. Evaluating Alternative Solutions

    A. Translating Concern Into Identifying Alternative Solutions
    B. Identifying Action Steps
    C. Program Identification

4. Planning the Program

5. Evaluating the Program

6. Revising Plan and Renewing the Planning Cycle

For each phase there is research to carry out, decisions to make, and resources to allocate.

1. Forming an Advisory Committee

A. Building an Effective Advisory Committee

An advisory committee that represents all parties involved in the lead program can offer a strong power base, offer wide dissemination of information, and contribute varied ideas. Selecting members who represent the various aspects of the problem and who will work together is the first step in planning a successful program. The advisory committee should include members of the Interagency Task Force.

To help avoid overlooking the people that you want to include on the advisory committee, ask the following questions:

- Are all segments of the agencies and community organizations that deal with lead issues or are affected by lead issues represented?
- Who are the key opinion leaders and decision makers in each area?
- What strengths does each member bring to the task?
- Are there others that should be included (e.g., are there elected officials or community members who have voiced an interest in the area?) ?
- Are potential funding sources represented?

It is important to remember that the makeup of this committee may set the future direction of the program. If the Committee represents only one segment of the community or reflects only one approach to a problem, the outcome will be skewed and the plan will not be successfully implemented.

2. Analyzing the Problem

A. Defining the Problem

Defining the nature and scope of the problem provides the focus for the planning activity. There are two "inputs" for defining the problem:

- People's perceptions and opinions about the issues and;
- Factual data describing the problem.

B. Compiling Data

Assessing the extent and nature of the lead problem in your community requires specific information about the characteristics of the population and the nature of housing, soil, water, and industry in your area. There are three steps to analyzing the lead problem:

- Estimate the scope of the problem.
- Identify who gets lead poisoned and where the lead poisoning occurs.
- Investigate the factors contributing to the lead poisoning of children in your community.

Program Planning – Permanent Planning

This phase focuses on identifying cases of lead poisoning and matching factors that contribute to lead exposure with local circumstances that can serve as surrogates for actual exposure data. Among the types of information needed are:

- age of housing in your community;
- type of housing construction (painted, wood frame, or brick);
- condition of the housing;
- number of vacant lots;
- location of day care centers and pre-schools;
- number of children under the age of six;
- socio-economic status of the families;
- reading and educational levels of the parents;
- occupations of parents;
- availability of laboratories that analyze blood-lead specimens for lead;
- availability of physicians and other health care providers; and
- location of lead clinics and hospitals.

Other information can also be identified and mapped, for example:

- Industries that emit large quantities of lead into the environment may have been identified by the State's environmental protection or right-to-know program;
- There may be data on lead in soil from old industrial sites, lead-based paint diffusion, or gas emissions;
- The site may be listed on the state or national superfund list;
- Water company records should be checked for lead tests; and
- Other sources of lead should be assessed.

GIS (Geographic Information Systems) can be a powerful tool for this type of synthetic data analysis.

C. Gathering Opinions About the Problem

Collect information about the beliefs that people hold about lead poisoning in your community. This can be accomplished by focus groups, opinion surveys, press coverage review, or brainstorming sessions. There are several purposes to collecting opinions and beliefs:

- Discovering what match there may be between perceived problems and actual problems;
- Identifying community biases that may contribute to perceived problems; and
- Finding out where to look for factual data about lead exposures in the community and how to devise potential solutions.
    - -- For example, in one local survey some time ago field inspectors often mentioned their intuitive observation that most children in urban areas got high levels of lead exposure from window wells because of weathering and friction. Subsequent research has tended to confirm this observation.

D. Setting Priorities

After identifying the problems with lead in your community, it is important to rank their importance. The ranking of problems should be consistent with a priority-based approach outlined in this primary prevention strategy.

E. Defining the Goals by Choosing One of Many Problems to Address

The advisory committee, after gathering data and opinions, can then focus on specific likely sources of lead exposure and actions to address them. Each action eventually proposed should be evaluated against the needs assessment data to choose problems for priority attention.

Possible questions to be considered in setting priorities include:

- Is this an important problem area? List the evidence that the concern is serious. Is it critical (e.g., lead poisoning cases have quadrupled in the past year)?
- Is the concern, activity or issue urgent (e.g., has the only physician consultant quit and is the sanitarian going to court tomorrow)?

- What will likely happen without intervention?
- Does the local government have any power to act on this item?
- Is there a legal or regulatory mandate that governs?
- Is the possible solution to the problem in an area for which the task force agencies are responsible?
- Is there an opportunity for early success to build momentum?

3. Evaluating Alternative Solutions

A. Translate Concern Into Identifying Alternative Solutions

The task force should then develop areas of concern into action plans. The planning process reveals alternative solutions to problems and helps to identify the ways programs can be introduced and to identify the people that will work on the programs or activities.

Problem solving consists of four major tasks: clarifying the problem; generating alternative solutions; assessing alternatives in light of what can be done; and selecting a goal/objective.

B. Learning from the Experience of Other Programs

A search to find existing programs that meet the community profile developed in the needs assessment phase should be undertaken. Scores of cities are struggling with the same basic problems and provide an opportunity to learn from their successes and mistakes. Sources of information about existing programs include:

- The HUD and CDC grantee programs,
- The National Center for Lead-Safe Housing;
- EPA Training Centers;
- The National Safety Council's Lead Clearinghouse (1-800-424-LEAD);
- HUD and EPA regional representatives; and
- State contacts.

In addition, a number of databases contain information about specific programs. For educational programs, for example

- For education programs, ERIC is available on line;
- MESH or the National Library of Medicine contains information from hundreds of journals about medical and public health related developments; and
- Government documents can provide additional information.

C. Identifying Action Steps

Once the problem has been defined, objectives agreed upon, and experience enlisted, the next course of action is to choose from alternative methods of meeting the objective.

- One method of identifying solutions is to compile a list of solutions through brain-storming sessions, and than analyze the forces that work to support impede the proposed solution.
  - -- One way to rank problems for attention is to choose the problem that has the fewest barriers or the problem with the most resources available within the community, or both.

4. Planning the Program

After choosing a strategy or series of solutions, it is important to chart the plan and list the sequence of activities. On the chart it is important to include the:

- Sequence of activities;
- Resources needed;
- Name of the person responsible for the activity;
- Schedule for carrying out each activity; and
- Evaluation criteria and method for the implementation process and the outcome.

5. Evaluating the Problem

After the program is implemented, the program should be evaluated against the goal or objective. The following questions should be asked as part of the evaluation:

- How well did the program meet expectations?
- Did it reach the intended audience?
- Did the program expend greater or fewer resources than planned?
- How did various groups react to the program?
- What did you learn from the program?
- What would you do differently from the original plan?
- What changes would make it more effective?

Some objectives can be measured using "hard" data, while other objectives are more difficult to measure. It is difficult to measure the number of children that you prevented from becoming poisoned as a result of controlling lead hazards in their homes or educating their families about the dangers of renovating a home containing lead-based paint. Most importantly, the number of lead-safe homes can be tabulated. In any event, it is better to have some indicator of success than no information at all.

- Indicators for reaching each goal or objective can be used to measure the success of each objective.
- For example, programs can count the number of people that attend presentations, make requests for materials, or call for information as a proxy for measuring increased awareness.
- Presentations and conferences can also be measured by the internal quality of the program. Participant evaluations help measure the effectiveness of the presentation.

6. Revising Plan and Renewing the Planning Cycle

The planning process should incorporate ongoing program evaluations and the most recent data (including inspection, risk assessment, and monitoring data). This information should be used to revise program priorities, including priorities for lead hazard control.

CHAPTER 6 PROGRAM IMPLEMENTATION: COMPREHENSIVE LEGISLATION

A. Need for Comprehensive Legislation

It is essential that prevention programs be based on comprehensive legislation. Only a few programs that address childhood lead poisoning have been able to move even modestly into the prevention mode without full legislative support.

Legislation provides a working framework and articulated guidance for program development.

- Legislation is needed to define and institutionalize the relatively non-controversial elements of a childhood lead poisoning prevention program including screening, education, and financial assistance.

- At the same time, legislation is also needed to codify the regulatory carrots and sticks that are an essential prerequisite to widespread and preventive control of lead-based paint hazards in housing, including the critical task of clarifying the "standard of care" to which judges and juries will hold landlords and others in damage lawsuits.

- Legislative mandates serve to justify program funding in the competition for limited resources.

- Legislation also serves as a shield the program can use to fend off requests for special treatment and ad hoc exemptions.

Aside from the inherent need for comprehensive legislation to authorize prevention programs, Title X and EPA contemplate that States will play a key role in implementing critical Title X requirements, especially in training and licensing lead hazard control personnel.

- The failure to develop an adequate State program could disqualify the State from federal grants and result in federal preemption of State efforts.

Federal requirements by themselves, however, do not provide the basis for a comprehensive prevention program. Most importantly, Title X does not define what control actions should be taken in the purely private housing stock in which the vast majority of at-risk children live.

- To merely reproduce existing federal requirements without establishing a comprehensive and effective prevention program is inefficient and misses this unique opportunity to end childhood lead poisoning once and for all.

Piecemeal approaches will not work: the absence of provisions addressing critical related issues will stymie action. The temptation often is to pass a limited mandate focused exclusively on one subject - most likely, screening or contractor certification - as a starting point for combatting childhood lead poisoning. The problem with that approach is that often the "partial" law is regarded as an effective action that discourages further attempts to pass additional legislation on the grounds that "we already passed a lead law".

- For example, blood lead screening cannot be separated from the definition and enforcement of lead hazard control requirements. Identification of poisoned children in the absence of lead hazard control requirements takes us back to the old reactive model of tracking already poisoned children.

- To take another example, licensing programs for contractors do not exist in a vacuum. What contractors are trained to do depends on a state or locality's legal requirements for lead hazard control.

- To take one more example, public education and good faith efforts by property owners to control lead hazards will fail unless legal requirements force the "infrastructure" to develop -- it will need trained and licensed risk assessors and contractors, available public and private financing, and affordable insurance.

B. Elements of Comprehensive Legislation

Comprehensive legislation addresses both traditional program activities like education, screening, and case management and primary prevention activities such as contractor certification and standards of lead hazard control. The model state Lead Poisoning Prevention Act published by the Alliance and the Conservation Law Foundation includes legislative language for all elements of a comprehensive statute, as well as annotations explaining the rationale behind all statutory provisions. All of the program elements listed in Chapter 7 for a program of lead hazard control should be implemented through comprehensive legislation, along with many of the public sector financial assistance resources discussed in Chapter 8.

C. The Legislative Process has Additional Benefits Beyond the Laws Themselves

Both state and local programs should incorporate on-going review of legislation and create a process whereby program staff can systematically identify recommendations for additions or revisions. As a result, programs will always be prepared to testify and make appropriate presentations concerning the status of existing state and local legislation and the need for improvements.

Program Implementation: Comprehensive Legislation

Active participation in the legislative drafting process by the local program provides collateral benefits in constituency building, as well as defining program directions and requirements.

- The coalition-building efforts required by the legislative process serve as the initial model for enlisting broad-based program support and for catalyzing the active participation of all parties who should be involved.

- The process of drafting and enacting legislation also provides the opportunity for the program to win the support of law-makers and executive branch decision-makers by allowing them to participate and take ownership in finding and implementing common solutions to childhood lead poisoning.

- The process of developing the law also serves as a tool for educating the public, decision-makers, and the private sector concerning the dimensions of childhood lead poisoning and the nature of preventive solutions.

CHAPTER 7 PROGRAM IMPLEMENTATION: PROGRAM ELEMENTS

Constituency building and planning are necessary prerequisites to prevention programs. In order to implement a comprehensive prevention program effectively, comprehensive legislation is also needed. The prerequisites and bases of implementation have been discussed in the previous chapters. We emphasize that the primary prevention strategy delineated in this Handbook views implementation itself as an ongoing process. Planning, for example, is part of implementation because it is a continuing process that attempts to review how the program is actually functioning and to make necessary mid-course corrections.

That said, this Chapter discusses the heart of a prevention program: the lead hazard control requirements that must be implemented in order to achieve source control and elimination. The first section outlines the action steps essential to moving to prevention; the second section describes in more detail the specific elements necessary for effective lead hazard control.

A. Action Steps for Lead Hazard Control

The following are the basic action steps for lead hazard control necessary to implement a prevention program.

- Clarify lead hazard control requirements.
  - -- Change local housing/building codes to increase emphasis on deteriorating paint and coordinated inspections;
  - -- issue standards for lead in interior dust, incorporating the new EPA standards under Title X;
  - -- require essential maintenance practices;
  - -- establish standards for lead hazard evaluation and disclosure, including clearance testing and continued monitoring;
  - -- specify a range of interventions from interim controls through complete abatement and identify what events/conditions trigger various control requirements;
  - -- target control requirements and enforcement resources to priority areas and circumstances, such as areas containing pre-1978 housing and concentrations of elevated blood lead levels in children and other vulnerable populations.

- Identify high-risk units for priority attention, including strategies for targeting enforcement efforts.

  -- Focus attention on priority units. These units would include: 1) units occupied by a child with an elevated blood lead level; 2) units where lead-based paint hazards were identified during risk assessments; 3) units where deteriorating paint has been reported by the tenant; 4) other rental units in buildings with a child with elevated blood lead levels; and 5) units located in neighborhoods with concentrations of children with elevated blood lead levels.

  -- Conduct a visual check for priority hazards during every housing or premises inspection. As part of their code enforcement procedures, states and local governments should require housing and code inspectors to perform a visual check for deteriorating paint and conditions (such as leaks that cause paint failure) whenever they are inspecting a unit. Other public agency inspectors should also be required to perform visual checks as a routine part of their inspections.

  -- Require dust tests in units subject to deteriorating paint violation notices. A citation for deteriorating paint by a housing inspector should trigger dust tests. Whenever lead-based paint hazards are found, the property owner must implement hazard controls.

- Create the infrastructure for lead hazard control.

  -- Mandate training and certification of risk assessors/inspectors, and abatement contractors.

  -- Develop and promote public and private financial assistance programs (see Chapter 8).

- Integrate lead safety into housing subsidy and rehabilitation programs.

- Match children with lead-safe housing through a Housing Registry and other means.

B. Program Elements for Lead Hazard Control

The following describes the specific elements needed for lead hazard control within a comprehensive prevention program. Most if not all of these elements should be implemented through comprehensive legislation as discussed in the previous Chapter. The annotated listings are organized under the following categories:

Program Implementation: Program Elements

1. Hazard Evaluation and Disclosure
    A. Lead Hazard Evaluation and Disclosure
    B. Certificates of Lead Compliance
2. Hazard Control
    A. Essential Maintenance Practices
    B. Lead-Based Paint Hazard Control Regulations
    C. Waste From Lead Hazard Control Activities
3. Housing-Based Requirements
    A. Registry of Lead-Safe Housing and Matching Strategies
    B. Real Estate Notification and Disclosure
    C. Community Reinvestment Requirements (Anti-Redlining)
    D. Housing Codes and Distressed Housing Programs
4. Training and Certification
    A. Training, Certification and Accreditation
    B. Laboratory Accreditation
5. Liability and Enforcement
    A. Enforcement
    B. Liability Insurance

1. *Hazard Evaluation and Disclosure*

A. Lead Hazard Evaluation and Disclosure

- Consistent with the priority-based approach of Title X and this Handbook, evaluation and control efforts should focus initially on lead-based paint and dust, the source of the overwhelming majority of childhood lead poisoning cases in the U.S. The first phase of lead hazard control should be the evaluation of lead-based paint hazards in most communities.

- Basically, there are two different forms of lead-based paint hazard evaluation: lead inspections and risk assessments.

  -- Inspections involve surface-by-surface investigations to determine the presence and concentrations of lead-based paint.

  -- Risk assessments are designed to evaluate the extent of lead-based paint hazards in order to provide information so that appropriate decisions can be made about what type of control is most appropriate and how it can best be implemented.

B. Certificates of Lead Compliance

- A certificate of lead compliance is a document that attests to compliance with all applicable lead hazard control requirements upon an inspection on a specific date.

  -- A certificate of lead compliance allows property owners to achieve the benefits of documenting their successful completion of voluntary or required lead hazard control measures.

  -- Certificates of lead compliance would serve as the basis of the Registry of Lead-Safe Housing (see 3. A., below). The certificates would allow owners to list their units in the Registry, thereby making their availability for rental or sale known to concerned prospective tenants or purchasers and enabling effective matching of lead-safe units with families with young children.

2. *Hazard Control*

A. Essential Maintenance Practices

- A prerequisite to lead hazard control requirements is essential maintenance practices that will help to control exposure to some of the most common and serious lead-based paint hazards in housing. These requirements are designed to establish a clear set of maintenance practices in buildings likely to contain lead-based paint and are not a substitute for lead hazard control measures such as interim controls and abatement.

- Essential maintenance practices should be applicable immediately and across-the-board, unlike lead hazard control requirements that are likely to involve a phased-in implementation schedule for specified types of housing.

- These essential maintenance practices should be codified in the Housing Code, as well as the state (or local) childhood lead poisoning prevention laws.

- There are five essential maintenance practices.

  -- Keep lead-based paint intact so that it poses less of an exposure hazard and ensure that repair of deteriorating paint is done safely with paper cleaning for dust.

  -- Require safe renovation/remodeling practices for activities that can disturb lead-painted surfaces, including prohibiting methods found unsafe (such as burning off paint) and requiring steps to protect workers and occupants during renovation activities.

  -- Provide an educational pamphlet on lead hazards, as required by Title X, and make it available in real estate transactions and also to tenants and workers.

  -- Notify tenants of any existing lead hazards or abatement work.

  -- Educate and train maintenance staff concerning lead-based paint hazards and proper work practices and safeguards.

B. Lead-Based Paint Hazard Control Regulations

- Consistent with Title X's framework, the program should define stages of lead hazard control, i.e. levels of intervention.

- While the option of deleading should always be available, priority-based approaches dictate calibrated levels of response based on the risk posed and opportunities for effective and efficient intervention provided by particular circumstances.

- Specifically, three basic stages of lead hazard controls should be defined:

- -- Interim controls that address certain lead-based paint hazards to reduce lead exposure on a temporary basis;
- -- Abatement that permanently addresses specified categories of lead-based paint hazards; and
- -- Complete removal that addresses potential as well as any actual hazards (a term that basically means deleading all surfaces that contain lead-based paint).

- For each lead hazard control method, the requirements should include:
  - -- events and conditions that trigger action;
  - -- which surfaces must be addressed;
  - -- acceptable and prohibited treatment methods;
  - -- worker safety procedures;
  - -- required containment and clean-up measures;
  - -- clearance testing and reoccupancy requirements; and
  - -- ongoing monitoring requirements.

- Circumstances that should trigger full lead hazard control methods need to be identified, for example repeated failure of interim controls or major rehabilitation under a public subsidy.

C. Waste From Lead Hazard Control Activities

- If improperly managed, waste from lead hazard control activities could cause or threaten lead poisoning or contamination of soil or water.

- Given the wide variety of debris generated during lead hazard control, both in terms of lead content and type of material, the program should consider classifying the waste into separate categories, as may be authorized by EPA regulations.
  - -- These management standards could include handling, storage, transport or disposal requirements (including prohibited disposal practices).

3. *Housing-Based Requirements*

A. Registry of Lead-Safe Housing and Matching Strategies

- It is important that prevention programs provide for a Registry of Lead-Safe Housing in order to:

  -- provide a mechanism that can match the lead-safe housing stock with young children;

  -- maintain a public record of the extent of lead-safe housing in the locality;

  -- allow health departments and housing agencies to place children with elevated blood lead levels into housing counselling and subsidy programs.

- Only a minority of households include a young child (about 1 in 5 nationally), so it is possible to create enough lead-safe housing for families with young children long before all housing has been made lead-safe.

- The Registry could be run under the prevention program or by the state housing agency able to integrate the registry with other services for families seeking affordable shelter, such as housing counseling assistance.

- One important preliminary issue is deciding what agency should run the Registry. The goal should be to locate the Registry in a setting where it would be most accessible to persons looking for lead-safe housing and to agencies which seek to place families in safe and affordable housing.

- The Registry should be designed to provide information on which units are currently available for rental or purchase. In general, owners would supply such information voluntarily. In addition, persons who obtain State-subsidized loans or grants to abate rental housing units should be required to notify the Registry when such units became available for rental or purchase and to market affirmatively to families with children.

B. Real Estate Notification and Disclosure

- Programs should build on the system for disclosing information about lead-based paint hazards mandated by Title X for prospective purchasers or lessors of residential property prior to sale or rental.

- The state or local disclosure system should parallel and supplement the federal one. It should also require that prospective buyers receive information about relevant legal requirements for lead hazard control and financial assistance programs.

- Licensed real estate salespersons and appraisers should be educated about the notification and disclosure requirements, as well as the nature of lead poisoning and the benefits of controlling lead hazards.

C. Community Reinvestment Requirements (Anti-Redlining)

- Prohibiting "redlining" related to lead hazards in housing is an important element of a prevention program.

- Three types of discrimination should be prohibited:

  -- Lenders and brokers should be prohibited from discriminating in lending and other real estate transactions against owners of residential dwellings who can document compliance with requirements for lead-safe housing. A bank could not, for example, refuse to make a loan or require the property to be made completely lead-free as a condition of approving a loan.

  -- "Redlining" of areas should be prohibited -- including those designated as Priority Areas. The types of real estate transactions covered by this prohibition should be defined. These include making loans, purchasing loans, providing insurance, and selling or brokering properties.

  -- Discrimination against families with children should also be prohibited to prevent cases where owners would bar children from occupying the premises or otherwise try to circumvent any possible liability for lead exposure on the premises instead of taking effective lead hazard control action .

- The program should attempt to use any existing state or local provisions on fair housing or other forms of discrimination in order to prevent "redlining" and discrimination in the sale and rental of housing containing lead-based paint.

D. Housing Codes and Distressed Housing Programs

- Distressed and marginal housing units lie outside of traditional lending and insurance markets and few of them will respond to market-based incentives. New approaches to housing rehabilitation and prevention that combine targeted housing code enforcement and subsidies are essential to achieving lead hazard control in these units.

- -- Housing code enforcement needs to be targeted at units with deteriorating lead-based paint (which is a violation of virtually all local housing codes).

- -- Housing subsidies targeted at occupancy of distressed units and temporary relocation during lead hazard control activities is also necessary for these units.

- Targeted approaches to distressed housing may also lay the groundwork for other housing remedies, such as receiverships that allow third party control of the property to make necessary repairs and control hazards.

4. *Training, Certification, and Accreditation*

A. Training and Certification

- Lead hazard control activities will only be successful if they are performed by qualified individuals and contractors.

  - -- Without clear and comprehensive worker training and certification requirements, an infrastructure will not develop to guarantee that abatement activities are performed properly.

  - -- Hazard control projects completed by untrained or poorly trained individuals/contractors may increase lead exposures to workers and occupants while doing little to control the health risks posed by lead-based paint hazards.

- States seeking to administer and enforce their lead hazard training and programs must demonstrate to EPA that the State program is at least as protective of human health and the environment as the federal requirements.

  - -- Title X requires States or localities to have federally authorized training and certification programs to be eligible to receive HUD grant money to conduct hazard control activities in housing.

  - -- Federally authorized training and certification programs are also important to achieve Title X's goal of nationwide consistency and reciprocity in qualifications for hazard evaluation and control personnel.

B. Laboratory Accreditation

- The accuracy of environmental sampling results -- particularly samples of lead dust levels in the housing environment -- is critical to the success of lead hazard control activities.

  -- Sampling accuracy must be ensured by requiring accredited laboratories.

  -- In order to facilitate use of such laboratories, the program should publish a list of accredited laboratories.

5. *Liability and Enforcement*

A. Enforcement

- The program should have the ability to use the full range of legal remedies to ensure compliance, including:

  -- administrative orders;

  -- civil penalties;

  -- injunctive actions; and

  -- criminal actions (including summary actions).

- The program's underlying legislative authority should allow citizens to sue to enforce program requirements -- subject to notice to the agency -- as private attorneys-general to provide public redress for unaddressed violations.

B. Liability Insurance

- The lack of availability of insurance coverage for property owners and persons engaged in lead hazard control activities is one of the biggest disincentives and roadblocks to achieving prevention.

- General liability insurance without any lead exclusions should be available for owners and responsible managers of housing, child care facilities, and other buildings that are demonstrated to be lead-safe. General liability insurance without lead exclusions should also be available for certified abatement contractors, risk assessors, and inspectors.

- Professional liability errors and omissions insurance without lead exclusions should also be available for inspectors and other professionals carrying out lead hazard evaluation and control activities.

- Compliance with relevant program requirements should be a prerequisite to obtaining insurance coverage.

CHAPTER 8 MAKING THE ELEMENTS WORK: CAPACITY BUILDING (RESOURCES)

The purpose of this chapter is to provide a checklist for building financial, administrative and direct service capacity in state and local agencies and the private sector alike to enable prevention program operation and lead hazard control.

The following are examples of resources that could be used or creatively adapted to finance lead hazard control. These examples are grouped under the following categories.

- **Public Resources**
- **Public/Private Partnerships**
- **Integrating Lead Hazard Control and Information Into Normal Housing Transactions**
- **Generating Public Capitol**

- **Public Resources**

1. Program efficiency and coordination. Efficient and coordinated operation of a prevention program as recommended by this Handbook is itself a way to maximize resources for lead hazard control.

a. Planning and needs assessment. The local needs assessment serves as a basis for strategically allocating resources to childhood lead poisoning prevention.

b. Coordination of public agencies. The coordination of expertise, staffing, inspections, and clean-up operations of public programs will result in the optimal use of public resources.

c. Concept of "one-stop shopping". An office located in the community for help and information on such topics as screening, contractors, and legal rights provides for efficient public education/information exchange and helps build support for the program.

d. Rental assistance programs. A few state and local governments fund their own programs that subsidize the rents of low-income households, although for the most part state and local governments rely on the federal Section 8 rental assistance

program. Tenant-based Section 8 housing is among the programs eligible for monies from HUD for lead-based paint hazard control (see Section 2, below).

e. Housing development programs. A few states and localities use general revenues to subsidize the construction or rehabilitation of housing which expands the supply of affordable housing for low-income families.

f. Relocation services. Federal and state regulations should require that relocation services be provided to households who are temporarily or permanently displaced because of renovation/rehabilitation work.

2. Federal grants. As previously stated, Title X has made federal grants available from HUD and EPA to support prevention programs and CDC also has an on-going prevention grants program. In addition, a number of HUD rehabilitation and home improvement programs that are not exclusively dedicated to lead-based paint hazard control nonetheless allow for the expenditure of funds for such hazard control as an eligible activity. Those programs include CDBG, HOME, HOPE, and Title I Property Improvement Loan Insurance.

3. Existing state programs. State and local agencies operate a wide range of federal, state and local housing and community development programs.

a. Housing and community development programs. These programs provide subsidies to rehabilitate rental housing and improve owner-occupied housing.

b. Bond-financed programs. State and local housing finance agencies operate several kinds of housing programs funded by the proceeds of tax-exempt and taxable bonds, including homeownership programs, acquisition-rehabilitation loan programs, home improvement programs, and multi-family housing rehabilitation programs.

4. Property tax incentives. Abatement and related costs could be recaptured by property owners through property tax relief.

5. Income tax-credit for abatement. The credit should be available to property owners or tenants who have expended funds for complying with lead hazards control standards.

6. Special Funds -- financed by fees (such as certification), fines, bonds, or special levies. Such funds could include.

a. Program fund - for operation of the program.

b. Abatement loan fund -- for lead hazard control targeted at low-income home owners.

7. Guidance for delivering financial support. Once revenue sources are identified, state and local agencies must decide how funds will be programmed -- that is, delivered in the form of a grant, loan, tax incentive, other mechanism, or combination of mechanisms. Assuming that most lead hazard control will be performed by private sector firms, in response to the actions of individual private property owners, government agencies must decide how to deliver financing, as well as any direct services, to achieve lead hazard control in individual properties.

- **Public/Private Partnerships**

1. Development and promotion of financing models. Public agency officials and representatives of banks, thrift, and credit unions can work together to adapt existing, well-recognized loan products to finance abatement. If models are developed and disseminated by organizations that represent lenders, than individuals lenders do not have to create abatement finance products on their own. Private sector loan products include the following types of loans which could be adapted to finance abatement.

a. Home improvement loans: short-term loans taken out by a homeowner to repair, improve, or make additions to their homes. They may or may not be secured by a mortgage on the property.

b. Lines of credit: short-term, unsecured funds borrowed by a homeowner or other property owner. Loan proceeds could be used for abatement or other activities.

c. Home equity loans: longer-term loans, typically secured as a second mortgage. Like lines of credit, the borrower could use the funds for abatement or other uses. Interest payments may be deducted on an individual's income tax return.

d. Personal loans: granted by most lenders for general purposes. Personal loans could be used by a homeowner to defray all or part of the cost of abatement.

e. Permanent loans with abatement components: loans to individuals for purchasing a home that needs abatement work, or to investors seeking to purchase or refinance a multifamily dwelling. The loan would be secured by a first mortgage. The improvement funds could be escrowed, to be disbursed after abatement is completed. Alternatively, the loan could be structured in two parts: a long-term loan for acquisition and an abatement component structured as a secondary mortgage, payable over a short period of time. The loan could be

structured as a wrap-around loan, with different payment amounts at the front and back end than during the middle period of the loan.

f. Rehabilitation loans or notes: loans to owners of multifamily properties for improvements. Rehabilitation loans tend to be short to medium-term (one to five years). The ability to obtain financing depends on factors such as outstanding indebtedness on the property and rental income.

2. Loan guarantee funds. Public funds could be provided as an insurance fund against loan losses by private lenders. Public agencies could negotiate with private lenders to commit to making a certain level of abatement loans. In return, the public sector would place on deposit (or make available otherwise) a fund which would cover expected losses. Losses would occur in the event of loan default. Federal government programs such as Community Development Block Grant and Section 108 loan guarantees have been used to guarantee private loans. State or local surplus funds could be used as guarantees also.

3. Community reinvestment. To be effective, community reinvestment requires the provision of credit for housing and economic improvements in the neighborhood. Locations for merger or expansion by lending institutions create an opening for public agencies or consumer groups to negotiate with them for commitments to make house-related loans in particular neighborhoods or to achieve particular purposes such as lead hazard control.

4. Economic development and manpower training. Public agencies can help the creation or expansion of the private sector risk assessors/inspection and abatement industry through education, specialized training courses, and manpower training and counselling aimed at the unemployed or underemployed, and advertising that, includes the maintenance of lists of certified individuals and firms.

5. Insurance companies and rate setting. Agencies could encourage insurance firms to make social investments in loan funds, equity funds for reinvestment, and affordable housing, or purchase of tax exempt bonds to finance rehabilitation programs.

- **Integrating Lead Hazard Control and Information Into Normal Housing Transactions**

1. Marketing. Real estate agents and brokers are required under Title X to provide information to potential home buyers and renters from October, 1995.

2. Purchase and sales contracts. Under Title X, beginning October, 1995 contracts made for the sale of pre-1978 housing must contain a clause allowing the buyer to making the sale contingent upon the results of a lead-based paint inspection.

3. Lending. Private lenders could provide information on the risks of lead exposure and a description of how their available loan products -- notably, improvement loans -- could be used for lead hazard control financing.

4. Home Inspectors should be educated concerning lead-based paint hazard and should offer and encourage risk assessments as part of structural inspections.

5. Appraisal. Continuing professional education of property value appraisers should include lead-based paint hazard control and appraisal forms should contain a lead hazard check off section.

6. Insurance. The possibility of differential insurance premiums for properties with and without lead hazards needs to be considered by companies that write residential property liability policies.

7. Permitting. In virtually every locality, a permit from a public agency must be obtained before any residential property improvement can be undertaken. Lead hazard control requirements should be incorporated in such formats.

- **Generating Public Capital**

1. Dedicated revenues. Public agencies may find new revenue sources by imposing fees or using idle funds. Dedicated revenues include public and private sector sources.

2. Fee-for-service arrangements. Public agencies that provide direct inspection or abatement services could collect fees from private property owners who receive such services.

3. Negotiated agreements. Public agencies or consumer groups could seek agreements with private sector financial institutions to provide financing for lead hazard control and related services (such as temporary relocation).

- **Adapting Public Services and Programs To Lead Poisoning Prevention**

1. Inspectional services. Housing agencies, license bureaus, health programs, and other health and housing code enforcement agencies have residential property inspectors.

2. Relocation services. Under programs covered by the federal Uniform Relocation Assistance Act, if federal funds are used to improve a property, provide rent subsidies or achieve other objectives, the public agency administering the funds must ensure that plans are made for temporary relocation if there is a household in residence prior to property improvement work.

3. Planning and information development. Planning agencies, housing authorities, and community development agencies should have useful experience in developing local needs assessments and prevention plans because they are often otherwise required to develop multi-year plans.

4. Financial assistance programs. A wide range of existing housing energy efficiency improvement and community development programs that could include lead hazard control exists at all levels of government.